Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Request for Customer Number

Address to:

Commissioner for Patents Box CN Washington, DC 20231

To the Commission Please assign a Cu		nts mber to the Address	s indicated belo	ow.							
Firm <i>or</i> Individual Name											
Address											
Address											
City				State				ZII	٦		
Country											
Telephone					Fax						
Please associate the following practitioner registration number(s) with the Customer Number assigned to the Address cited above.											
]								
	=				\dashv			┤ '			一
	<u> </u>							'			
]						 		
	=		i		一			╡ '			一
								'			
	_]						_ 		
					二			一 '			=
			<u> </u>			<u> </u>					
Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto.											
Request Submitted by:											
		T									
Firm Name (if applicable)		<u> </u>									
Name of person submitting request											
Signature											
Telephone Number							Date				

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box CN, Washington, DC 20231.